Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09910687

		CLAIMS AS	FILED - F Co <u>lumn 1 (</u>		(Colur	nn 2)		MALL EN		OR	SMALL E	
TO	TAL CLAIMS		4 9				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	ASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4 5 minus 20=		· 25			X\$ 9=		OR	X\$18=	450
INDEPENDENT CLAIMS			3 minus 3 =		· Ø			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than			less than zei	ero, enter "0" in column 2			TOTAL		OR	TOTAL	1160	
			AMENDED - PART II					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		(Column 1)	and the second s		mn 2) HEST	(Column 3)	1 1	SWALL), i		ADDI-
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
1DME	Total	*	Minus	**		=	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***	T OL ALS	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	MULTIPLE DEF	PENDEN	II CLAIM		j	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
1		(O.s.)		(Coli	umn 2) _	(Column 3	١	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
B LN		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE\	MBER MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***]=	4	X40=		OR	X80=	
	FIRST PRESI	ENTATION OF I	MULTIPLE DE	PENDE	NT CLAIN	<u>/</u>		+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE	
		(Column_1)	(Co	lumn 2)	(Column 3	3)_	ADDIT: I EE	,	_		
NTC		CLAIMS REMAINING AFTER AMENDMEN		HI NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	/
N N	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAI	М		+135=	1	OR	070	
	• If the entry in co	lumn 1 is less tha	an the entry in co	lumn 2, v	vrite "0" in	column 3.	00 T	TOTAL		OF	TOTA	ıL
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

NOTICE OF FEE DUE

DATE:	01-10-01		
TO:	01-10-01 Sector		
FROM:	Office of Initial Patent Examin		;
SUBJECT:	Fee Due		:
APPLICAT	TION NUMBER: 09910	687	
authorizatio	e for the attached document subrate following reason. Please chen to charge a deposit account. I ppropriate fee. If an authorizationery.	ck the applicati	on for the appropriate
□ Insuffici	ent fee by check		
☐ Insufficie	ent funds in deposit account		
☐ Declined	credit card		
□ Non auth	orization for charge to deposit a	ccount	•
□ No fee su	bmitted per requirement		
	¥	٠.	
The correct for	ee code: 203	amount	\$ 18.00
The suspende	ed fee code: 197	amount	-\$ 3.00
Fee Due		amount	=\$ _/5
If you have an Eleanor Kurtz	y questions, please contact Cynt at 703-308-3642.	hia Streater at '	703-306-5430 or

Terminal Operator Meaja Berlie